

October 25, 2001

Mr. Garrett Clemons
TransMontaigne, Inc.
P.O. Box 5660
Denver, Colorado 80217

Re: 089-15047-00001
First Administrative Amendment to
FESOP 089-12853-00001

Dear Mr. Clemons:

TransMontaigne Pipeline, Inc. was issued a Federally Enforceable State Operating Permit on January 4, 2001 for stationary groundwater remediation and product recovery system. This Amendment is to change the name of the Authorized Individual and the company mailing address. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary groundwater remediation and product recovery system, which has a recovery flow rate of 20 gallons per minute (gpm), and a maximum air flow rate of 1200 actual cubic feet per minute (acfm).

Authorized individual:	William W. Gygar II Garrett Clemons
Source Address:	SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address:	2 North College Avenue, Fayetteville, Arkansas 72702 P.O. Box 5660, Denver, Colorado 80217
Source Location Status:	Lake County
County Status:	Ozone - Severe nonattainment SO ₂ - An area bounded on the north by Lake Michigan, on the west by the Indiana-Illinois State line, on the south by U.S. 30 from the State line to the intersection of I-65 then following I-65 to the intersection of I-94 then following I-94 to the Lake-Porter County line, & on the east by the Lake-Porter County line is nonattainment and the remainder of Lake County is attainment. CO - Attainment
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD or Emission Offset Rules; Minor Source, Section 112 of the Clean Air Act

Mr Garrett Clemons, Environmental Analyst has been designated as the Authorized Individual and replaces Mr. William W. Gygar II. Mr Clemons meets the requirements of 326 IAC 2-1.1-1(1) as an authorized individual. The mailing address was also changed from 2 North College Avenue, Fayetteville, Arkansas to P.O. Box 5660, Denver Colorado.

TransMontaigne Pipeline, Inc.
Dyer, Indiana

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All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments

PD/gkf

cc: File -Lake County
Lake County Health Department
Air Compliance Section - Ramesh Tejuja/Rick Massoels
Compliance Data Section - Karen Nowak
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE
OPERATING PERMIT (FESOP)
and NEW SOURCE REVIEW**
OFFICE OF AIR QUALITY

**TransMontaigne Pipeline, Inc.
SE 1/4, Section 12, Township 35N, Range 15E
Dyer, Indiana**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: NSR/FESOP 089-12853-00001	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: January 4, 2001 Expiration Date: January 4, 2006
First Administrative Amendment: 089-15047- 00001	Pages Affected: 4, 27, 28, 29, 30, 31 and 32
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: October 25, 2001

SECTION A SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary groundwater remediation and product recovery system, which has a recovery flow rate of 20 gallons per minute (gpm), and a maximum air flow rate of 1200 actual cubic feet per minute (acfm).

Authorized individual:	Garrett Clemons
Source Address:	SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address:	P.O. Box 5660, Denver Colorado 80217
Source Location Status:	Lake County
County Status:	Ozone - Severe nonattainment
	SO ₂ - An area bounded on the north by Lake Michigan, on the west by the Indiana-Illinois State line, on the south by U.S. 30 from the State line to the intersection of I-65 then following I-65 to the intersection of I-94 then following I-94 to the Lake-Porter County line, & on the east by the Lake-Porter County line is nonattainment and the remainder of Lake County is attainment.
	CO - Attainment

Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD or Emission Offset Rules; Minor Source, Section 112 of the Clean Air Act
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A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

This stationary groundwater remediation and product recovery system consists of the following emission units and pollution control devices:

- (a) Air/fluid separator, where vapors separated off influent fluid stream is controlled by a catalytic oxidizer (CATOX), stack ID CAT.
- (b) Air stripper, where the groundwater exiting the oil/water separator is pumped for Volatile Organic Compounds (VOC) removal, with a water flow rate of 25 gallons per minute. (gpm). The VOC emitted from this process is not ducted through the catalytic oxidizer.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: TransMontaigne Pipeline, Inc.
Source Address: SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address: P.O. Box 5660, Denver, Colorado 80217
NSR/FESOP No.: 089-12853-00001

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Affidavit (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT
EMERGENCY OCCURRENCE REPORT

Source Name: TransMontaigne Pipeline, Inc.
Source Address: SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address: P.O. Box 5660, Denver Colorado 80217
NSR/FESOP No.: 089-12853-00001

This form consists of 2 pages

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9 This is an emergency as defined in 326 IAC 2-7-1(12)
CThe Permittee must notify the Office of Air Quality (OAQ), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
CThe Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16.

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

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Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: TransMontaigne Pipeline, Inc.
Source Address: SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address: P.O. 5660, Denver, Colorado 80217
NSR/FESOP No.: 089-12853-00001
Limits:

Facility/Process	Exhaust Gas Concentration Limit Before Control	Single HAP (Benzene) Concentration Before Control
SVE System	109 milligrams per liter (mg/l)	47.8 milligrams per liter (mg/l)

The above limit is required to limit the potential to emit of VOC to less than 20.5 tons per 12 consecutive month period, rolled on a monthly basis.

YEAR:

Month	Column 1		Column 2		Average Column 1 & Column 2	
	SVE System Exhaust Gas Concentration Before Control This Month	SVE System Benzene Concentration Before Control This Month	SVE System Exhaust Gas Concentration Before Control Past 11 Months	SVE System Benzene Concentration Before Control Past 11 Months	SVE System Exhaust Gas Concentration Before Control 12 Month Total	SVE System Benzene Concentration Before Control 12 Month Total
Month 1						
Month 2						
Month 3						

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

A certification is not required for this report

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: TransMontaigne Pipeline, Inc.
Source Address: SE 1/4, Section 12, Township 35N, Range 15E, Dyer, Indiana
Mailing Address: P.O. Box 5660, Denver Colorado 80217
NSR/FESOP No.: 089-12853-00001

Months: _____ to _____ Year: _____

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This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.